**THE CHINESE UNIVERSITY OF HONG KONG**

**Committee on Space Allocation**

Notification / Application Form for Renting of Off-campus Space

Notes:

1. Please insert a tick ‘✓’ below as the case may be:

* This Notification Form is for a user unit to notify the Committee on Space Allocation on the renting of off-campus space with a **monthly rental** of **up to HK$25,000** (excluding other fees; see **Part B** below) for a duration of **up to one year**.
* This Application Form is for a user unit to seek the **prior approval** of the Committee on Space Allocation on the renting of off-campus space with an **annual rental** of **over HK$300,000** (excluding other fees; see **Part B** below) , or for a duration of **over one year**.

1. Please send the completed form with supplementary information (if any) by email ([cosa@cuhk.edu.hk](mailto:cosa@cuhk.edu.hk); subject: ‘Renting of Off-campus Space’) **at least one month** before the commencement of the lease to the Committee on Space Allocation.
2. For the regulations governing the renting of off-campus space, please check out: <https://www.cpso.cuhk.edu.hk/en-gb/our-work/campus-planning-matters>.

*\* Please delete as appropriate*

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| **Part A. Applicant (User Unit)** | |
| Name of unit: |  |
| Name and title of contact person: |  |
| Telephone no.: |  |
| Email: |  |

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| **Part B. Off-campus Space** | |
| Usage: | |  |  | | --- | --- | | 🞎 | Office | | 🞎 | Teaching laboratory | | 🞎 | Research laboratory | | 🞎 | Classroom | | 🞎 | Store | | 🞎 | Others; please specify below: | |
| Address: |  |
|  |  |
| Size (Gross / Usable)\*: | sq m / sq ft \* |
| Duration: | (DD/MM/YYYY) to (DD/MM/YYYY) |
| Type of lease: | New / Renewal \* |
| Rental and other fees: | |  |  | | --- | --- | | Monthly rental: | HK$ | | Monthly management fee: | HK$ | | Government rent: | HK$ | | Government rates: | HK$ | | Deposit: | HK$ | | Others; please specify: | HK$  ( ) | |
| Funding source: | |  |  | | --- | --- | | 🞎 | Government fund: Secured / To be secured \* | | 🞎 | Non-government fund: Secured / To be secured \* | |

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| **Part C. Justifications** | |
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| **Part D. Endorsement**   |  |  | | --- | --- | | * Faculty Dean (for submissions from academic departments and Faculty-based units) | * Unit Head (for submissions from other units); please specify position or title below: | | | |
| Signature: |  |
| Name: |  |
| Date: |  |

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*(Official use only)*

Notification Form

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| Reviewed and space inventory updated  By:  Date: | Notes: |

Application Form

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| 1. Reviewed and space inventory updated   By:  Date:   1. Applicant informed of COSA approval   By:  Date: | Notes: |